

**SHELBY COUNTY BOARD OF COMMISSIONERS
AGENDA ROUTE SHEET**

Referred to Commission Committee (name) _____

For Commission Action on (date) _____

DESCRIPTION OF ITEM: RESOLUTION AUTHORIZING HEALTHCARE PREMIUM INCREASE FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2009. SPONSORED BY COMMISSIONER JOSEPH FORD

CHECK ALL THAT APPLY BELOW:

☒ This Action does NOT require expenditure of funds.

_____ This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: \$ _____: County CIP Funds: \$ _____

State Grant Funds: \$ _____: State Gas Tax Funds: \$ _____

Federal Grant Funds: \$ _____

Other funds (Specify source and amount): _____

Other pass-thru funds (Specify source and amount): \$ _____

Originating Department: Human Resources-Employee Benefits

APPROVAL:

Dept. Head:

Mike Lewis

545-4359

(Initials)

(Date)

Elected Official:

Division Director:

F. Grace Hutchinson

545-4429

(Initials)

(Date)

CIP – A&F Director:

Finance Dept.:

Mike Swift

545-4269

(Initials)

(Date)

County Attorney:

(Initials) (Date)

CAO/Mayor:

James F. Huntzicker

James Huntzicker

545-4514

(Initials)

(Date)